Request for Concellation of Certificate

Mail or Fax a copy of this form to:	Need Assistance with completing the Form?
Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	SC Office of Regulatory Staff Transportation Department
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800
DATE: 3-21-18	
Please consider this a request to cancel my:	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate # (9)	209)
Class C Charter Bus Certificate	
Non-Emergency Certificate	C & C
Class E Household Goods Certificate	BCBIVE NMAR 2 1 2018 CLEAK'S OFF
Class E Hazardous Wastes Certificate	S OFF PAR
My Certificate Number is 9204	
(Name of Company) Carolinas hac.	(If applicable)
1012 16 to Ave NW	10 Ruth St. Mailing Address if different from Street Address)
Surcord beach S.C. (City, State, Zip Code)	Murrells Inlet S.C 29574 (City, State, Zip Code)
843-297-5466	
(Telephone Number)	30-1N
	(Signature)
	President
	(Title) Owner, President, etc.

ORS Revised 8-20-15